

USGA GHIN HANDICAP SERVICE

Valid October 1, 2009 - September 30, 2010

NAME: PHONE NO: e-mail:			DATE: COUNTY or STATE CARD NO: GHIN NO: LOCAL NO:							
						ame of current g	olf course that	has your Hand	licap (if availabl	le):
						Pho				Phone No:
urrent Handicap	Index:									
a handicap has neve	er been established	l, please list the m	ost recent scores (maximum 20) as requested below:						
DATE	SCORE	RATING	SLOPE	COURSE NAME						